

# **HOME AND COMMUNITY BASED MEDICAID WAIVER CERTIFICATION REPORT**

## **BRIDGES HABILITATION SERVICES, INC.**

**August 16-18, 2006**

### **SITE REVIEW TEAM:**

Joshua Gartrell, Program Integrity, QMRP – Lead Surveyor  
Chris Newman, Program Integrity Manager, Deputy Administrator  
Lacey Byers, Program Integrity Nurse, South Team

#### **Children's Home and Community Based Waiver Services:**

Individually-selected Service Coordination, Initial Assessment, Subsequent Assessment, Special Medical Equipment, Respite Care, Skilled Nursing, Residential Habilitation Trainer, Personal Care

#### **Adult Home and Community Based Waiver Services:**

Individually-selected Service Coordination, Initial Assessment, Subsequent Assessment, Special Medical Equipment, Respite Care, Skilled Nursing, Dietitian, Occupational Therapy, Residential Habilitation, Day Habilitation, Personal Care, Supported Employment, In-Home Support

#### **Acquired Brain Injury Home and Community Based Waiver Services:**

Individually-selected Service Coordination, Initial Assessment, Subsequent Assessment, Special Medical Equipment, Respite Care, Skilled Nursing, Dietitian, Occupational Therapy, Residential Habilitation, Day Habilitation, Personal Care, Supported Employment, In-Home Support

#### **Cities Served:**

Individually selected Service Coordination (ISC), Initial Assessment, Subsequent Assessment, Special Medical Equipment – Child, Adult, & ABI – Bear River City, Evanston, Laramie, Lyman, Mountain View, Urie  
Respite Care – Child, Adult & ABI – Bear River City, Evanston, Lyman, Mountain View, Urie  
Skilled Nursing – Child, Adult & ABI – Bear River City, Evanston, Lyman, Mountain View, Urie  
Occupational Therapy, Dietitian – Adult & ABI – Bear River City, Evanston, Lyman, Mountain View, Urie  
Residential Habilitation – Adult & ABI – Bear River City, Evanston, Lyman, Mountain View, Urie – ABI only – Laramie  
Residential Habilitation Trainer – Child – Bear River City, Evanston, Lyman, Mountain View, Urie  
Day Habilitation – Adult & ABI – Bear River City, Evanston, Lyman, Mountain View, Urie  
Personal Care – Child, Adult & ABI – Bear River City, Evanston, Lyman, Mountain View, Urie  
Supported Employment – Adult & ABI – Bear River City, Evanston, Lyman, Mountain View, Urie, Laramie  
In-Home Support – Adult & ABI – Bear River City, Evanston, Lyman, Mountain View, Urie – ABI – Laramie

**Survey Outcome: One-Year Certification, Expires November 30, 2007.**

## **OVERVIEW OF STANDARDS**

Home and Community Based Services (HCBS) Waiver providers are required to meet specific sets of standards to assure that the quality of services and the health and safety of persons receiving services are maintained and monitored. First, all Medicaid providers are required to adhere to Wyoming Medicaid rules and regulations. In addition, the Wyoming Developmental Disabilities Division (DDD) requires that Home and Community Based Services Waiver providers serving three or more individuals must obtain and maintain the Commission on Accreditation of Rehabilitation Facilities' (CARF) accreditation. The Centers for Medicare and Medicaid Services (CMS), who approve the waivers and have monitoring responsibilities, have developed the HCBS Quality Framework to provide additional guidance to states in how CMS will monitor HCBS Waivers. Finally, the Developmental Disabilities Division has developed specific rules, policies and procedures to assure that providers meet applicable Federal, State and Division requirements.

## **SURVEY SUMMARY**

The Developmental Disabilities Division has oversight responsibilities for three home and community based waivers: the Adult Developmental Disabilities Waiver, the Children's Developmental Disabilities Waiver, and the Acquired Brain Injury Waiver. The Program Integrity Unit of the Division annually monitors and recertifies all CARF accredited organizations. The survey and recertification process continues to focus on standards that pertain to health, safety and the rights of persons served. This recertification process requires an on-site visit to the organization and includes the following elements:

- Review of development and implementation of plans of care for a random sample of persons served to assure that plans of care adequately describe the persons' service and support needs and that plans are being followed by all staff
- Review of documentation, including policies and procedures, emergency drills, internal and external inspections, incident reports, staff notes, billing, schedules and case management documentation
- Interviews with persons served, families, guardians and provider staff
- Follow-up visits to persons served involved in critical incidents or who have significant changes in health or health concerns
- Verification that appropriate levels of services are in place for persons served who have received a forced rate, which is a rate higher than the individual budget amount (IBA)

Included in this report is an overview of the provider agency that was surveyed, Bridges Habilitation Services, Inc. (Bridges), a more detailed description of each focus area of the survey and a summary of the standards that pertain to that area. Following each summary of the standards are the findings of the survey, including exemplary practices, suggestions and recommendations. The site survey process included visits to the homes, day habilitation programs, employment settings, and other service settings of persons served to observe services being provided and to verify that appropriate health and safety supports were in place in these settings.

## **PROVIDER SUMMARY**

The past year has been busy and fulfilling for the management, staff and participants of Bridges. The greatest challenge faced was handling the level of growth that has been experienced. The new facility has allowed Bridges to expand services to a total of 48 individuals. They have expanded services to the Bridger Valley area and also to Laramie Wyoming, where they now provide locally based case management services for two adults. Bridges has more than tripled their case management staff in order to

more effectively meet the needs of their participants. Currently Bridges employs 78 employees and its payroll that will exceed one million dollars this year which greatly enhances the local economy. Their wage scale has continued to increase and the employees express a high degree of job satisfaction.

For the second year Bridges has provided a badly needed service during the summer months for children by hosting a thriving children's program. This service allows young people to be able to spend the summer months continuing the social and mental stimulation that they enjoy during the school year and provides much needed respite for the parents. The program provides activities that are both fun and educational while helping the children develop social and relationship skills.

Bridges continues to enjoy a high level of satisfaction from participants, stakeholders and staff. Well over 95% of those surveyed indicated that their level of satisfaction with Bridges' services was very good or excellent. In addition, many in the community have commented favorably on the quality and appropriate nature of the care that their participants receive. Employers express satisfaction with both the quality of work performed by the participants and the assistance they receive from their job coaches. Bridges has been able to place all of the participants that desire to work into the job market where they receive a great deal of satisfaction from being able to contribute to the companies they work for and to their own well being.

Bridges continues to emphasize community inclusion for their participants. They can be found regularly attending community functions, shopping for personal necessities, spending a day at the amusement park or the recreation center, fishing, and picnicking in the local parks or in the mountains. They have gained recognition at the county fair for their artistic endeavors and entertained family and friends with their musical talents. These experiences enhance and make concrete many of the structured learning experiences they have each day in their habilitation training settings. In addition to these scheduled group activities, participants enjoy spending time away from the structured program with friends, family, church and other social situations. The desired outcome is that each person improves their ability to interact appropriately in the community and gains the acceptance of those with whom they associate while finding personal satisfaction in their lives. The in-house training and work opportunities combined with the community involvement and personal relationships provides a balanced and fulfilling life for the participant.

Bridges is working hard to enhance the record keeping processes that are such an important part of meeting the requirements of funders. A proprietary database system is being developed to assure accurate and ongoing monitoring of participant information. This database and procedural improvements instituted by the nursing staff have greatly improved the quality of nursing care and the tracking of medical information. Longer term goals include being able to utilize the database information to accurately complete much of the required paperwork by eliminating transcription errors and typos. Bridges has tripled their case management staff and has increased administrative staff who have developed innovative procedures to improve the ease and accuracy of service documentation.

Bridges is committed to improving and enhancing all aspects of its service delivery to its participants, their stakeholders, employees, the community and funders. While Progress is evident across the spectrum of its administrative and direct care operations, Bridges acknowledges that challenges remain and all are invested in the process of improvement in the future.

## **DEVELOPMENT AND IMPLEMENTATION OF INDIVIDUAL PLANS OF CARE (IPCS)**

### **1. Applicable Standards**

The IPC is written by the person's served case manager with input from the person's team. The plan includes specific information on a person's wants and needs, medical supports, mealtime guidelines, positioning and adaptive equipment needs, behavioral needs, rights, goals and supervision/staffing levels. The IPC is the guide for how services should be provided and monitored.

Providers are required to provide services based on the individual plans of care (IPC) for persons served, which is considered a legal document created by the team (*Chapter 34 Medicaid Rules, Adult, ABI Provider Manual*).

Individually-selected service coordinators (ISCs) are required to submit complete plans of care to the Division in a timely manner to assure there is no disruption in service delivery or reimbursement (*ISC Rules*).

## **2. Description of Survey Process**

A random sample of persons served names is selected before the site survey and their IPCs are reviewed to identify what services and support should be in place. During the on-site survey, the persons served are visited in various service settings, including residential, day habilitation, and employment. Persons served and/or their families, provider staff, and case managers are interviewed. Persons' served files are also reviewed. Details of the review are below:

- Incident reports are reviewed to determine if incidents met the criteria of the Division's Notification of Incident Process, to identify any trends in health or safety, and to verify that incidents were appropriately handled by the organization. (*DDD Notification of Incident process, CARF Section 1:E: 10, ISC Rules*)
- Case Management documentation is reviewed to verify that the required monthly home visits were completed, the case manager documented at least an hour of direct contact with the person served/guardian for the month, the team meeting minutes included appropriate team members and included discussion of progress on goals, concerns and action steps for team, and the documentation including monitoring of services including identification and follow-up of concerns when appropriate. (*ISC Rules, Adult, Children, ABI Waiver Manuals, Adult, Children, ABI Waiver Documents, CARF Section 2:A: 10*)
- Universal objective pages are reviewed to verify that the objectives were measurable, meaningful to the person served, and that progress on objectives was documented and tracked. (*Adult, ABI Waiver Manuals*)
- Emergency information is reviewed to verify that the information is current, comprehensive, and available to staff in case of an emergency. (*CARF Section 1:E: 9*)
- Schedules are reviewed to verify that they are being followed, that they include documentation of outings and activities that link back to the interests of the person served when applicable, and that the schedule matches the original schedule submitted to the Division for approval. (*Adult, ABI Waiver Manuals*)
- The documentation for specific services are compared to the billing records for that service to verify that documentation standards are followed and that the provider billed for the appropriate number of units. (*Medicaid rules, Adult, ABI, Children's Waiver Manuals, CARF Section 1.I.6 & 7*)

Division Waiver Specialists are asked to provide a summary of the plans submitted to the Division by the provider organization's ISCs to determine if there are any significant problems with development and submission of plans of care.

## **3. Results of Review of Bridges' Development and Implementation of IPCs**

Five participants were randomly selected for review of their documentation and billing for the previous six months. Overall, the ISC documentation was comprehensive with few errors. It is a **suggestion** that Bridges include more detail on the contact description between the ISC and the participant. In the development of the plans of care, the waiver specialist stated that Bridges generally does a fine job on their plans of care; they are on time and contain a lot of information. Bridge's ISC's are prompt with corrections. They usually have comments pages that require corrections. So it would be my **suggestion** for the ISC's to review guidelines and use technical

checklist to help reduce DD's comment pages. Four of the five participants had their emergency information documented. It was noted to be a good practice for participant information travel with the participants between Day Habilitation and Residential Habilitation. Four of the five participants had no concerns found in their medical and nursing documentation. It was also found, during service documentation review, that Bridges frequently uses "code 14" for "other" services provided during Day Habilitation. It is **recommended** that Bridges train staff that they are to consistently identify what "other/code 14" service was provided. DD staff recognized Bridge's **exemplary** practice for their design and implementation of a participant database that was web-based, user friendly, and gives access to all vested parties to updating accurate data.

Upon review of participant A's documentation [David Weber] it was noted that participant A had some weight loss concerns. When interviewed, some of participant A's direct care staff was not aware of this concern. It is **suggested** participant A's direct care staff be reminded of this concern and any documentation or observation they would be responsible for, especially meal monitoring. During review of prescription medicine documentation it was discovered that direct care staff were often leaving off their signatures. Also, neither direct care staff nor the nurses were submitting a medication documentation error. There is no verification of follow-up of an internal incident report, per Bridges policies and procedures. It is therefore **recommended** that Bridges retrain all staff on medication monitoring documentation. It is also **recommended** that Bridges analyze their quality assurance for medication errors, documentation of those errors, and internal reporting policies and procedures. Division's survey staff appreciated Bridge's ISC's to make themselves readily available and quickly responsive to all questions and clarifications for the participants IPC's.

### **Exemplary Practice:**

- DD staff recognizes Bridge's exemplary practice for their design and implementation of a participant database that is web-based, user friendly, and gives access to all vested parties to updating accurate data.

### **Suggestions:**

- It is suggested that Bridges include more detail on the contact description between the ISC and the participant in the ISC notes.
- It is suggested that the ISC's review guidelines and use technical checklist to help reduce DD's comment pages.
- It is suggested participant A's direct care staff be reminded of his weight loss concern, any documentation or observation they would be responsible for, especially meal monitoring.

### **Recommendations:**

- It is recommended that Bridges train staff that they are to consistently write the description of what "other/code 14" service was provided. This will be checked at next year's site survey.
- It is recommended that Bridges retrain all staff on medication monitoring documentation. A list of staff trained and syllabus of the training will be sent to the lead surveyor at the Division by December 1, 2006.
- It is also recommended that Bridges analyze their quality assurance for medication errors, documentation of those errors, and internal reporting policies and procedures. A quality assurance statement will be sent to the lead surveyor at the Division by December 1, 2006.

## **BILLING DOCUMENTATION**

### **1. Applicable Standards**

All providers providing services on home and community based waivers must be able to present substantiation of billing for services they are providing (*Medicaid rules, Adult, Children, ABI Waiver Documents, Adult, Children, ABI Waiver Manuals*).

## **2. Description of Survey Process**

The documentation for specific services are compared to the billing records for that service to verify that documentation standards are followed and that the provider billed for the appropriate number of units. (*Medicaid rules, Adult, ABI, Children's Waiver Manuals, CARF Section 1.1.6 & 7*)

## **3. Results of Review of Bridges' Billing Documentation**

A sample of billing and documentation of services for case management, residential habilitation, day habilitation, residential habilitation training, respite, personal care, in home support, skilled nursing, and occupational therapy were reviewed for the past six months. No patterns of concerns were found and Bridge's gave the Division all of the requested follow-up documentation.

### **Exemplary Practice:**

- None.

### **Suggestions:**

- None.

### **Recommendations:**

- None.

## **STAFF QUALIFICATIONS AND TRAINING**

### **1. Applicable Standards**

All providers providing services on home and community based waivers are required to meet specific qualifications depending on the service they are providing (*Medicaid rules, Adult, Children, ABI Waiver Documents, Adult, Children, ABI Waiver Manuals*).

CARF accredited provider organizations are required to assure that staff receive the training and support needed to work successfully with persons served (*CARF Section 1. F.4*).

The Developmental Disabilities Division also requires, background checks for staff working directly with persons served and, for the Adult DD Waiver, that providers document each direct service staff member's training on the following issues for each person served he/she works with:

- Medication monitoring/administration
- Adaptive equipment
- Positioning needs
- Special diet
- Behavior plan protocol

### **2. Description of Survey Process**

Surveyors review staff files for the following:

- Results of background checks
- Verification of staff qualifications
- Current CPR/1<sup>st</sup> Aid certification
- Verification that participant specific training was completed if required

### **3. Results of Review of Bridges' Staff Qualifications and Staff Training**

Surveyors reviewed a sample of eight staff files and interviewed staff to verify that the standards are being met. All staff files (eight of eight) had verification that the staff met the qualifications for the services they were providing. All staff files (eight of eight) included results of background checks. Current CPR/1<sup>st</sup> Aid certifications, when required, were present in five out of five staff files. All of the staff files that required participant specific training were documented five out of five times.

Survey staff was given training logs that did not include the topic nor the content of the training. Division staff **suggest** that at next year's survey that Bridges give the Division all of the requested documentation, or begin to accurately log the topic and content of all staff trainings.

**Exemplary Practice:**

- None.

**Suggestions:**

- It is suggested that at next year's survey that Bridges give the Division all of the requested documentation, or begin to accurately log the topic and content of all staff trainings.

**Recommendations:**

- None.

**INCIDENT REPORTING**

**1. Applicable Standards**

CARF Standards require that the organization define a system to report critical incidents that includes specific categories of incidents. The Developmental Disabilities Division further requires that that critical incidents be reported to the Division, as well as to the Department of Family Services, Wyoming Protection and Advocacy, the guardian, the Individually-selected Service Coordinator and the police (if there is a suspicion that a crime has been committed) immediately after assuring the health and safety of the individual. CMS' HCBS Quality Framework includes a review of critical incident management, with the desired outcome that there are systemic safeguards in place to protect participants from critical incidents and other life-endangering situations.

**2. Survey Process**

The survey process included the following reviews to assess if the provider is meeting the standards.

- A review of the provider organization's incident reporting policy and procedure to assure that it includes the Division Notification of Incident process, including reporting criteria, timeframes and notification processes
- A review of internal incident reports and reports submitted to the Division to assure that all incidents are reported according to the standards and that action steps are taken to address incidents
- Interviews with provider staff in all applicable service settings to determine if they are aware of the appropriate steps to take if an incident occurs

**3. Results of Review of Bridges' Incident Reporting**

DD survey staff reviewed five participant's incident reports. All incidents were reported appropriately and included action steps when needed. The incident reporting policy on the Division's notice of incident included all reportable categories and all agencies to whom to report. Survey staff interviewed ten staff about the notice of incident process. Eight of ten staff members were able to articulate the majority of the criteria for incident reporting. Incident reporting coordinator assisted the adult program director in learning the online reporting process. The Division **suggests** the program director do likewise for the appropriate staff in learning the online reporting process.

**Exemplary Practice:**

- None.

### **Suggestions**

- It is suggested that the program director and/or Lead ISC train staff, which need to know how, to file the Division's incident report online and our web-based process.

### **Recommendations**

- None.

## **REVIEW OF RIGHTS OF PERSONS SERVED**

### **1. Applicable Standards**

Providers are required to promote persons served rights, including the right to privacy, the right to be free from abuse, neglect, exploitation, and the right to confidentiality of information. In addition, providers are required to communicate the rights of persons served in a manner that is meaningful to the person, and to investigate potential violations of rights (*Waiver Manuals, CARF Section 1.D.3.*)

### **2. Survey Process**

Surveyors review the written summary of rights provided to persons served and their families and interview persons served and families to determine if there are any concerns with rights violations. Surveyors also interview provider staff to assess staff knowledge of rights. Services are observed to determine if there are any observable violations to rights.

### **3. Results of Review of Bridges' Rights of Persons Served**

Bridges' policy on rights includes a list or summary of rights and states that the process is shared with the persons served regularly. Survey staff recognizes the **exemplary** practice by Bridges to have Protection and Advocacy to come and do their training on rights. However, during staff interviews, only six of ten staff could articulate participant specific rights and rights restriction for the participant they were serving. The Division **recommends** Bridges perform a quality improvement for staff knowledge of participants' rights and rights restrictions for who they are serving.

### **Exemplary Practice:**

- Survey staff recognizes the exemplary practice by Bridges to have Protection and Advocacy to come and do their training on rights.

### **Suggestions:**

- None

### **Recommendations:**

- The Division recommends Bridges perform a quality improvement for staff knowledge of participants' rights and rights restrictions for who they are serving. The documentation for action taken by Bridges will be sent to the lead surveyor at the Division by December 1, 2006.

## **REVIEW OF COMPLAINT/GREIVANCE POLICY**

### **1. Applicable Standards**

Providers' complaint/grievance policy should include efforts to resolve complaints, a procedure on how the process is explained to persons served, timeframes for resolving complaint, and how the results of the investigation into a complaint are communicated to persons served. (*CARF Section 1.D.4 & 5.*)

### **2. Survey Process**



Surveyors review the provider's written complaint/grievance procedure to assure it meets the requirements. Persons served, families and staff members are interviewed to determine if they are aware of the complaint/grievance policy.

### **3. Results of Review of Bridges' Complaint/Grievance Policy**

Bridges' grievance policy is included in the Bridges policy book. The policy was well written and includes the appropriate elements including timeframes and is clearly written so that persons served and families can clearly understand what should happen when they file a complaint. Bridges is commended for having a participant specific explanation of the grievance policy and documentation.

#### **Exemplary Practice:**

- None.

#### **Suggestions:**

- None.

#### **Recommendations:**

- None.

## **DOCUMENTATION OF EMERGENCY DRILLS AND INSPECTIONS**

### **1. Applicable Standards**

CARF accredited providers are required to have written emergency plans for fires, bomb threats, natural disasters, power failures, medical emergencies and safety during violent or other threatening situations and that these plans be tested. Providers are also required to obtain an external inspection from an outside authority annually, and to complete internal self-inspections twice a year. (*CARF Section 1.E.1 & 2*) The Centers for Medicare and Medicaid Services requires that the safety and security of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home. There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies (*CMS HCBS Quality Framework*).

### **2. Survey Process**

Surveyors review documentation of emergency drills and inspections for a sample of service settings owned or operated by the organization. The review includes assuring that the drills and inspections are completed, that there is documentation of concerns when appropriate, and that follow-up on concerns is completed. Surveyors also interview persons served and staff members to assure that they are aware of the appropriate evacuation/drill procedures and visit service settings to assure there are no significant health or safety concerns at the service sites.

### **3. Results of Review of Bridges' Emergency Drills and Inspections**

Bridges' documentation of inspections was comprehensive and addressed all aspects of the standards. Five of the five locations had documentation of external inspections complete; they included concerns when appropriate and documentation of follow-up actions taken to address concerns. Five of five locations had documentation of internal inspections complete and included concerns when appropriate. Three of the three locations had documentation for emergency drills complete, included concerns when appropriate. However, it is **recommended** that Bridges consistently fill out all days and times for all drills performed. Staff and persons served were aware of evacuation and other drill procedures, and observations at the different service settings uncovered no environmental concerns that would restrict people from evacuating or that pose any health or safety risk.

**Exemplary Practice:**

- None.

**Suggestions:**

- None.

**Recommendations:**

- It is recommended that Bridges consistently fill out all days and times for all drills performed. This will be checked at next year's site survey.

**PROGRESS MADE ON RECOMMENDATIONS FROM CURRENT YEAR'S DDD CERTIFICATION**

The Divisions survey staff follows-up on all of last year's recommendations. The majority of issues should have been documented and submitted to the Division by the agreed upon deadline. Some of the recommendations are reserved for review upon next year's site survey, usually as part of the scheduled survey.

- **Current Recommendation #1:**  
*It is recommended that Bridges revise its Accuracy in Billing Policy to reflect the documentation guidelines sent out by the Division in July 2005.*
  - **Update:**  
Bridges updated the billing policy.
- **Current Recommendation #2:**  
*It is recommended that Person D's Skilled Nursing Physician's Order form match the services being provided. This will be checked at the next annual site review.*
  - **Update:**  
Bridges' ISC worked with an outside nursing provider to update form so it accurately reflects the service provided.
- **All other Current Recommendations:**  
*See report from 2005.*
  - **Update:**  
Bridges has satisfactorily responded to all of the Division's recommendations.

**PROGRESS MADE ON RECOMMENDATIONS FROM CURRENT CARF ACCREDITATION REPORT THAT PERTAIN TO HEALTH, SAFETY, OR RIGHTS**

- **Current CARF Recommendation #1:**  
*See current CARF report.*
  - **Update:**  
Division staff checked during survey with no concerns.
- **Current CARF Recommendation #2:**  
*See current CARF report.*
  - **Update:**  
Bridges is currently working on electronic backup files. Bridges has backup plans for participants and staff if main facility were to be unavailable.
- **Current CARF Recommendation #3:**  
*See current CARF report.*
  - **Update:**  
Bridges have formulated a contingency plan including on-call staff, trainers in many areas, and management on-call as well.

- **Current CARF Recommendation #4:**  
*See current CARF report.*
- **Update:**  
Bridges management meets weekly to survey trends.

### **RESULTS OF FOLLOW-UP VISITS**

In addition to the survey areas describe above, surveyors also complete follow-up visits with persons served who have been involved in a critical incidents, who have significant health or safety concerns, or who have been funded at a rate higher than the individual budget amount due to critical health or safety needs (ECC). These visits focus are assuring that the person is receiving adequate services and supports. These visits are part of the on going monitoring the Division is required to complete. The only identified concern was staff education of the new online incident reporting process required by the Division. This suggestion was addressed on page seven. Surveyors found that all persons served who had been involved in critical incidents were doing well and had received adequate follow-up on incidents.

### **Exemplary Practice:**

- None.

### **Suggestions:**

- None.

### **Recommendations:**

- None.

### **RESULTS OF OBSERVATION OF SERVICES AND SUPPORTS**

In addition to the observations noted above, surveyors also completed vehicle checks to assure that vehicles used to transport persons served had current vehicle tags, registration, first aid supplies, safety equipment, emergency procedure, participant emergency information, and that the vehicles appeared to be in good working order. Survey staff found three of three vehicles inspected had identified concerns. None of the vehicles had current proof of insurance. However, Bridges did give DD staff documentation before we exited the survey. The white Dodge van's back door was damaged to the extent that Bridges staff could not shut the door. The red and white suburban had nonfunctioning rear lights. It is **recommended** that Bridges address all of their vehicle's problems, especially those that could pose a healthy or safety danger.

The Division survey staff found that in multiple locations the participants' medications were being stored in an unlocked area where other participants had access to medicine that was not theirs. It is **recommended** that Bridges review its policies and practices for medication storage, including proof that all medications are locked out of participants' access.

Survey staff interviewed eight participants and eleven direct care staff, for a total of 26 points of contact with Bridges' participants and staff. It was observed by survey staff that participants and Bridges staff interacted appropriately. There were no health or safety concerns with the direct interaction. Many of the participants frequently were smiling and appeared to be happy with the services they were receiving.

At a supported employment observation Participant B [Bruce Barnard] said he enjoyed his jobs and felt that Bridges staff gave him the support he needed. During Residential Habilitation survey staff observed the homes having a non-institutional atmosphere. However, at the Morse Lee group home there were chemicals and cleaners unlocked. At this home the back gate was falling off the side of the home and not secure. Likewise at this home, the concrete between the back apartments and the back entrance to the main home could be a trip hazard. During day habilitation survey staff observed

appropriate and caring interaction between staff and the participants. Division staff also recognizes the progress that Bridges is making in their respite services.

**Exemplary Practice:**

- None.

**Suggestions:**

- It is suggested that prior to the Division's survey that Bridges perform a vehicle inspection. Bridges failed to have proof of insurance documented in the vehicles two survey years in a row.

**Recommendations:**

- It is recommended that Bridges address all of the vehicle concerns, especially those that could pose a healthy or safety danger. The documentation for action taken by Bridges will be sent to the lead surveyor at the Division by December 1, 2006.
- It is recommended that Bridges review its policies and practices for medication storage, including proof that all medications are locked out of participants' access. The documentation for action taken by Bridges will be sent to the lead surveyor at the Division by December 1, 2006.
- It is recommended that Bridges address the concerns identified at the Morse Lee home. The documentation for action taken by Bridges will be sent to the lead surveyor at the Division by December 1, 2006.

**SUMMARY OF RECOMMENDATIONS**

- It is recommended that Bridges train staff that they are to consistently write the description of what "other/code 14" service was provided. This will be checked at next year's site survey.
- It is recommended that Bridges retrain all staff on medication monitoring documentation. A list of staff trained and syllabus of the training will be sent to the lead surveyor at the Division by December 1, 2006.
- It is also recommended that Bridges analyze their quality assurance for medication errors, documentation of those errors, and internal reporting policies and procedures. A quality assurance statement will be sent to the lead surveyor at the Division by December 1, 2006.
- The Division recommends Bridges perform a quality improvement for staff knowledge of participants' rights and rights restrictions for who they are serving. The documentation for action taken by Bridges will be sent to the lead surveyor at the Division by December 1, 2006.
- It is recommended that Bridges consistently fill out all days and times for all drills performed. This will be checked at next year's site survey.
- It is recommended that Bridges address all of the vehicle concerns, especially those that could pose a healthy or safety danger. The documentation for action taken by Bridges will be sent to the lead surveyor at the Division by December 1, 2006.
- It is recommended that Bridges review its policies and practices for medication storage, including proof that all medications are locked out of participants' access. The documentation for action taken by Bridges will be sent to the lead surveyor at the Division by December 1, 2006.
- It is recommended that Bridges address the concerns identified at the Morse Lee home. The documentation for action taken by Bridges will be sent to the lead surveyor at the Division by December 1, 2006.

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Lead Surveyor Signature

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Lead Surveyor Title

Date \_\_\_\_\_